

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of	)	
	)	
NEVILLE, et al.	)	Art Unit: 1633
	)	
Application No. 10/566,886	)	Examiner: Marvich, Maria E.
	)	
Filing Date: February 1, 2006	)	Confirmation No. 9182
	)	
For: METHODS FOR EXPRESSION AND	)	
PURIFICATION OF IMMUNOTOXINS	)	

**REQUEST FOR EXTENSION OF TIME**

Mail Stop RCE  
Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

BALLARD SPAHR ANDREWS & INGERSOLL, LLP  
Customer No. 23859

July 23, 2009

Sir:

It is respectfully requested that an extension of time for the period indicated below be granted in accordance with the provisions of 37 C.F.R. § 1.136 to take action required in the application identified in the caption, as reflected by the papers submitted herewith:

<input type="checkbox"/>	One Month	\$130.00	\$65.00*
<input type="checkbox"/>	Two Months	\$490.00	\$245.00*
<input checked="" type="checkbox"/>	Three Months	\$1,110.00	\$555.00*
<input type="checkbox"/>	Four Months	\$1,730.00	\$865.00*
<input type="checkbox"/>	Five Months	\$2,350.00	\$1,175.00*

\*Small Entity

A credit card payment submitted via EFS Web in the amount of \$3,050.00, representing \$1,620.00 for the fee for the Petition for Revival of an Application for Patent Abandoned Unintentionally Under 37 C.F.R. § 1.137(b); \$810.00 for the fee for the Request for Continued

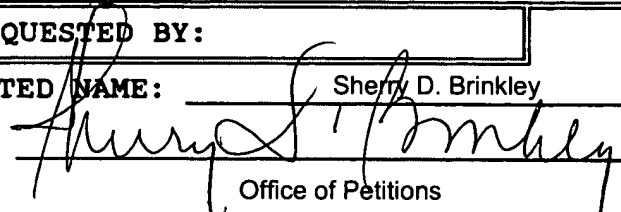
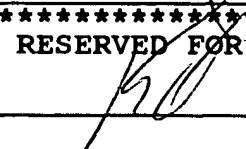
Adjustment date: 10/28/2009 LDIEP1  
07/24/2009 INTEFSW 00002853 10566886  
02 FC:1253 -620.00 OP

Refund Ref: 0030076091  
10/28/2009

Credit Card Refund Total: \$620.00

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**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>10/26/09</u>		2 Serial/Patent # <u>10/566,886</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
	Filing			\$						
	Amendment			\$						
X	Extension of Time	wfee	07/23/09	\$ 620.00						
	Notice of Appeal/Appeal			\$						
	Petition			\$						
	Issue			\$						
	Cert of Correction/Terminal Disc.			\$						
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			7 TOTAL AMOUNT OF REFUND							
			\$ 620.00							
8 TO BE REFUNDED BY:										
10 REASON:		Treasury Check								
Overpayment		Credit Deposit A/C #:								
Duplicate Payment		9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">--</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					--			
		--								
X	No Fee Due (Explanation):									
extension submitted after extenable period										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>Sherry D. Brinkley</u>		TITLE: <u>Petitions Examiner</u>								
SIGNATURE: <u></u>		PHONE: <u>(571) 272-3204</u>								
OFFICE: <u>Office of Petitions</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: <u></u>		DATE: <u>10/28/09</u>								

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